



**City of Arlington
Finance Department - Treasury
Hotel Occupancy Tax (HOT) Registration Form**

**Account
Number**

Office Use

Please Return This Form To:

City of Arlington
Treasury Division MS 63-0800
PO Box 90231
Arlington TX 76004-3231

- ☐ First time registration w/City of Arlington
☐ Renew / Update registration

One business per form please. Form may be reproduced if necessary.

Property Business Information

Trade name of your business (the name under which you operate): _____		Business phone (area code and number): (_____) _____ - _____
Physical Address of the property (street address - not a P.O. Box or Rural Route address): _____, Arlington, Texas Zip Code: _____		
Type of Operation: _____ <small>(ex: Hotel, Motel, Bed and Breakfast, Short-term apartment rental, Other)</small>	Number of rentable rooms at this location: _____	
Average charge per room: _____		
Date you began operation of this property (mm/dd/yyyy): _____ / _____ / _____		
Do you own or lease the property: <input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Rent		
If you rent or lease the property, enter the property owner's name and address: Property Owner's name: _____ Property Owner's address: _____		
Form of Ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (specify): _____		
State of Texas Identification Number: _____		Federal EID: _____
Complete the following two blanks <u>only</u> if Sole Proprietorship checked above: Driver's License Number: _____ Social Security Number: _____		

Property Owner Information

Property Owner's Full Legal Name: _____		
Property Owner's Mailing Street Address: _____		
City: _____	State: _____	Zip: _____
Property Owner's Telephone Numbers: Business (_____) _____ - _____ Home (_____) _____ - _____		Property Owner's email address: _____

Previous Owner Information

If you purchased an existing business or business assets, please complete the following:	
Trade Name of Former Owner: _____	Federal Tax ID of Former Owner: _____
Legal Name of Former Owner: _____	State of Texas ID of Former Owner: _____
Address of Former Owner: _____	Phone Number of Former Owner: (_____) _____ - _____

Property Contact Information	
Name and Information of Authorized Representative of Property:	
Name: _____	Phone Number: (_____) _____ - _____
Title: _____	Email Address: _____
Name and Information of Authorized Representative of Property:	
Name: _____	Phone Number: (_____) _____ - _____
Title: _____	Email Address: _____
Name and Information of Authorized Representative of Property:	
Name: _____	Phone Number: (_____) _____ - _____
Title: _____	Email Address: _____

Property Records Information
Location of Accounting Records: _____
Is Accounting / Bookkeeping function performed in-house? <input type="checkbox"/> Yes <input type="checkbox"/> No
If No, please provide information on company/person providing accounting/bookkeeping function:
Company Name and/or Person Name
Contact Person and Telephone Number (please include area code and extension information)
Address / City / State / Zip Code
Are records maintained manually or electronically (computerized)? <input type="checkbox"/> Manual <input type="checkbox"/> Electronic
Person to be contacted if Hotel / Agency / Person is selected for audit:
Name: _____ Phone Number: (_____) _____ - _____
Title: _____ Email Address: _____
Person to be contacted if Hotel / Agency / Person is selected for audit:
Name: _____ Phone Number: (_____) _____ - _____
Title: _____ Email Address: _____
Person to be contacted if Hotel / Agency / Person is selected for audit:
Name: _____ Phone Number: (_____) _____ - _____
Title: _____ Email Address: _____

Signature
I declare that the information contained in this document and any attachments is true and correct to the best of my knowledge:
Signature: _____ Title: _____ Date: _____